



F2

Facsimile Transmission**Date:** March 19, 2009**To:** U.S. Patent and Trademark Office
P.O. Box 979070
St. Louis, MO 63197-9000**From:** Adi Goshen
Orca Interactive Ltd**Fax No.:** 001-571-273-6500**No. of Pages:** 4 (including this page)**Subject:** REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER
OF ATTORNEY**US Application Number:** 10/632942**Docket No.:** P-ORC-008-US

Please note that all correspondence should be addressed to:

Vladimir Sherman, Reg No. 43,116
c/o Landon IP, Inc
1700 Diagonal Road, Suite 450
Alexandria
Virginia 22314
Fax: 7038924510
Tel: +972-3-6444808

Customer number: 66905



PTO/SB/61 (01-09)

Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/632942
Filing Date	31-Jul-2003
First Named Inventor	Asaf ATZMON et al
Title	System and Method for Multic
Art Unit	2623
Examiner Name	BANTAMOI, ANTHONY
Attorney Docket Number	P-ORC-008-US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number: 66905

OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature		Date	03/19/2009
Name	ADI GOSHEN	Telephone	972-3-6444808
Title and Company	COUNSEL, ORCA INTERACTIVE LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.